

U.S. APPLICATION NO. <b>107524772</b>		INTERNATIONAL APPLN. NO. <b>PCT/FR2003/002536</b>		ATTORNEY DOCKET NO. <b>0501-1122</b>		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> The following fees are submitted:  <p style="text-align: center;"><b>PCT FEES - NATIONAL STAGE</b></p>				<b>CALCULATIONS PTO USE ONLY</b>		
<b>Fee Description</b>						
Basic National Stage Fee				<b>\$150.00</b>		
No Search Provided National Stage Search Fee				<b>\$250.00</b>		
<input type="checkbox"/> US was the IPEA And all claims satisfied the provisions of PCT Article 33 (1)-(4) National Stage Examination Fee				<b>\$100.00</b>		
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617)				<b>\$0.00</b>		
National Stage Application size fee each additional 50 sheets in excess of 100  Fee Code 1681/2681	Additional Sheets $38 - 100 = \underline{\quad\quad\quad} = \underline{\quad\quad\quad} \times$ <div style="text-align: center;"><u>50</u></div>	Fee From Below <b>\$125.00</b>		<b>\$0.00</b>		
<b>CLAIMS</b>		NUMBER FILED	NUMBER EXTRA	RATE		
Independent Claims Fee Codes 1614 / 2614		2 - 3 =		x \$100.00	<b>\$0.00</b>	
Total Claims Fee Codes 1615 / 2615		43 - 20 =	23	x \$25.00	<b>\$575.00</b>	
MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616				+ \$360.00	<b>\$0.00</b>	
Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618					<b>\$0.00</b>	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021) \$40.00 per property				+	<b>\$0.00</b>	
<b>TOTAL FEES ENCLOSED</b>				<b>=</b>	<b>\$1075.00</b>	
				Amount to be refunded:	\$	
				Charged:	\$	
<input checked="" type="checkbox"/> A check in the amount of \$1075.00 to cover the above fees is attached.  <input type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> The Director is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.						
SEND ALL CORRESPONDENCE TO: YOUNG & THOMPSON 745 South 23 <sup>rd</sup> Street Arlington, VA 22202 Telephone: (703) 521-2297 Facsimile: (703) 685-0573  Y&T Customer No. <b>00466</b> BC/yr						
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;">         RECEIVED          ACCOUNTING          DEPOSIT ACCOUNT NO.  <div style="border: 1px solid black; padding: 2px; display: inline-block;">25 0120</div>          FEE  <div style="border: 1px solid black; padding: 2px; display: inline-block;">2614 200</div> </div> <div> <u><i>Benoit Castel</i></u>          SIGNATURE           Benoit Castel, Reg. No. 35,041          NAME, REGISTRATION NUMBER           February 16, 2005          DATE       </div> </div>						

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 Repln. Ref: 02/24/2005 MALVARAD 0020505500  
 DAD:230120 Name/Number:10524772  
 FC: 9204 \$50.00 CR